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PTO/SB/50 (02-01)  
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## REISSUE PATENT APPLICATION TRANSMITTAL

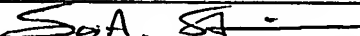
<b>Address to:</b>  <b>Assistant Commissioner for Patents</b> <b>Box Reissue</b> <b>Washington, DC 20231</b>	Attorney Docket No.	
	First Named Inventor	Starheim, S.
	Original Patent Number	6,315,495
	Original Patent Issue Date (Month/Day/Year)	Nov 13, 2001
	Express Mail Label No.	BR309707491 US

**APPLICATION FOR REISSUE OF:** ☒ Utility Patent ☐ Design Patent ☐ Plant Patent  
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribbonded Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. <input type="checkbox"/> Power of Attorney	15. <input checked="" type="checkbox"/> Preliminary Amendment
7. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	17. Other: .....
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	.....
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	.....
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	
a. <input type="checkbox"/> Computer Readable Form (CFR)	
b. Specification Sequence Listing on:	
i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or	
ii. <input type="checkbox"/> paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

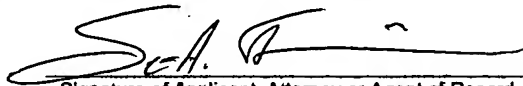
### 18. CORRESPONDENCE ADDRESS

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<b>REISSUE APPLICATION FEE TRANSMITTAL FORM</b>							Docket Number (Optional)	
<b>Claims as Filed – Part 1</b>								
Claims in Patent	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity			
			Rate	Fee	Rate	Fee		
(A) <u>21</u>	Total Claims (37 CFR 1.16(j))	(B) <u>21</u>	**** =	x \$ <u>0</u> =			x \$ _____ =	
(C) <u>3</u>	Independent claims (37 CFR 1.16(i))	(D) <u>3</u>	* =	x \$ <u>0</u> =		or	x \$ _____ =	
				Basic Fee (37 CFR 1.16(h))				\$ <u>385</u>
				Total Filing Fee				\$ <u>385</u>
						OR		\$ _____
<b>Claims as Amended – Part 2</b>								
	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(j))	*** <u>21</u>	MINUS	**	* =	x \$ <u>0</u> =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	*** <u>3</u>	MINUS	*****	=	x \$ <u>0</u> =		x \$ _____ =	
				Total Additional Fee		OR		\$ _____
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>385</u> to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>11/12/2003</u></p> <p style="text-align: center;">Date</p> <p>_____ Registration Number, if applicable</p> </div> <div style="width: 45%; text-align: right;"> <p></p> <p>Signature of Applicant, Attorney or Agent of Record</p> <p><u>Scot A. Starheim</u></p> <p>Typed or printed name</p> </div> </div>								

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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<b>REISSUE PATENT APPLICATION STATEMENT AS TO LOSS OF ORIGINAL PATENT</b>		Docket Number (Optional)
<p>I hereby state that:</p> <p>I am the applicant for a reissue patent based on the original patent identified below.</p>		
Name of Inventor(s)/Assignee(s) <i>Starheim, Scot</i>		
Patent Number <i>6315495</i>		
Title of Invention <i>Portable Environmental Containment Systems</i>		
Reissue application number (if known)		
<p>The ribboned original patent grant is lost or inaccessible.</p>		
Signature <i>Scot A. Starheim</i>		
Typed or printed name <i>Scot A. Starheim</i>		Date <i>11/12/2003</i>
Title (e.g. inventor(s), officer of assignee) <i>Inventor</i>		

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